2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N31270

Entity Name: SWISS CLUB OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

628 VISCAYA AVE
ORLANDO, FL 32839 US

New Principal Place of Business:

Current Mailing Address:

2510 CITRUS CLUB LANE
ORLANDO, FL 32839 US

New Mailing Address:

5389 KIRKMAN ROAD SUITE103
#129
ORLANDO, FL 32819 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SECRETAN, ALAIN
613 IOWA WOOD CIRCLE EAST
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	HEDIGER, GRAZIELLA	
Address:	628 VIASCAYA AVE	
City-St-Zip:	ORLANDO, FL 32839 US	
Title:	S	(X) Delete
Name:	GRAF, SYBILLE	
Address:	2510 CITRUS CLUB LANE	
City-St-Zip:	ORLANDO, FL 32839 US	
Title:	T	(X) Delete
Name:	MANTON, MARTINE	
Address:	3563 MAPLE RIDGE LOOP	
City-St-Zip:	KISSIMMEE, FL 34741 US	
Title:	P	(X) Delete
Name:	SECRETAN, ALAIN	
Address:	613 IOWA WOOD CIRCLE EAST	
City-St-Zip:	ORLANDO, FL 32824 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAIN SECRETAN P 04/27/2007

Electronic Signature of Signing Officer or Director — Date